

PATENT

ATTORNEY DOCKET NO. RILE.001.00US

## UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: GEUZE *et al*

Serial No.: 09/011,167

Filing Date: February 2, 1998

For: **CELL DERIVED ANTIGEN  
PRESENTING VESICLES**)  
)  
) Examiner: Not yet assigned  
)  
) Art Unit: Not yet assigned  
)  
) TRANSMITTAL  
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)  
)  
)**BOX PCT**Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith are the following documents in the above-identified application.

- ☐ Small entity status of this Application under 37 CFR 1.9 and 1.27 has been established by a Verified Declaration previously submitted.
- ☐ A Verified Declaration of Small Entity Status Under 37 CFR 1.9 and 1.27 is enclosed.
- ☒ Verified Statement Claiming Small Entity Status.
- ☒ Executed Combined Inventor Declaration and Power of Attorney.
- ☐ Associate Power of Attorney

Also enclosed:

CERTIFICATE OF FIRST CLASS MAILINGI hereby certify that this paper or fee is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231 on 10-2-98Signed Annette ParkerPrinted Annette Parker

10/07/1998 PVOLPE 00000024 09011167

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1030.00 OP

- ☐ Petition for Extension of Time.
- ☐ Information Disclosure Statement
- ☐ Declarations Under 37 CFR Section 1.132
- ☐ Combined Inventor Declaration and Power of Attorney
- ☒ Return postcard (postage prepaid).

The fees have been calculated as shown below:

<u>Claims</u>	<u>Remain after Amend</u>	<u>Highest No. Prev. Paid</u>	<u>Pres. Extra</u>	<u>Small Entity</u>		<u>Large Entity</u>	
				<u>Rate</u>	<u>Fee</u>	<u>Rate</u>	<u>Fee</u>
Total:			0	x \$11 =	\$	x \$22 =	\$0
Indep:			0	x \$41 =		x \$82 =	\$0

If Multiple dependent Claims  
are used for the first time in this application, add \$135 (small entity) (\$270 (large entity)

**Total Additional Claims Fee:** **\$0.**

<u>Extension of Time Fee</u>	<u>Small Entity</u>	<u>Large Entity</u>
<input type="checkbox"/> One Month	\$ 55	\$ 110
<input type="checkbox"/> Two Months	\$200	\$ 400
<input type="checkbox"/> Three Months	\$475	\$ 950
<input type="checkbox"/> Four Months	\$755	\$1510
<input checked="" type="checkbox"/> Five months	\$1030.00	

Other fees (list individually):

Extension of Time Fees \$1,030.00

**Total Other Fees:** **\$0**


**TOTAL FEES: \$0.**

- ☒ A check including the amount of the above-indicated TOTAL FEES is attached.
- ☐ Please charge Deposit Account No. 18-0020 in the amount of \$.
- ☐ A check in the amount of \$\_\_\_ is attached.
- ☐ No fee is required.

- ☒ Conditional Petition for Extension of Time: An extension of time is requested in the present and/or the above-referenced parent application to provide for timely filing if an extension of time is still required after all papers filed with this transmittal have been considered.
- ☒ The Commissioner is hereby authorized to charge any underpayment of the following fees associated with this communication, including any necessary fees for extension of time, or credit any overpayment to Deposit Account No. 18-0020.
- ☒ Any filing fees under 37 CFR 1.16 including fees for the presentation of extra claims.
- ☒ Any parent application processing fees under 37 CFR 1.17.
- ☐ A **duplicate** copy of this sheet is attached for accounting purposes.

Respectfully submitted,

Date: October 2, 1998

  
Barbara Rae-Venter, Ph.D.  
Reg. No. 32,750

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BRV:amp  
Enclosure